

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082947

Entity Name: LESSONS-DIRECT, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

8340 SW THIRD COURT
SUITE 203
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

8340 SW THIRD COURT
SUITE 203
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 13-4304918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWLINS, ROBERT D
8340 SW THIRD COURT
APT. 203
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

RAWLINS, ROBERT D
8340 SW THIRD COURT
SUITE 203
PEMBROKE PINES, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAWLINS, ROBERT D
Address: 8340 SW THIRD COURT, APT. 203
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM () Delete
Name: RAWLINS, MAXINE L
Address: 120 STOUGHTON STREET
City-St-Zip: STOUGHTON, MA 02072

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAWLINS, ROBERT D
Address: 8340 SW THIRD COURT APT 203
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT D. RAWLINS

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date